

County: Chippewa
 CORNELL AREA CARE CENTER
 320 NORTH 7TH STREET

Facility ID: 2390

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CORNELL 54732 Phone: (715) 239-6288
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 50
 Total Licensed Bed Capacity (12/31/03): 50
 Number of Residents on 12/31/03: 48

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 48

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.9
Supp. Home Care-Personal Care	No					1 - 4 Years		41.7
Supp. Home Care-Household Services	No	Developmental Disabilities	6.3	Under 65	4.2	More Than 4 Years		22.9
Day Services	No	Mental Illness (Org./Psy)	25.0	65 - 74	14.6			----
Respite Care	No	Mental Illness (Other)	8.3	75 - 84	16.7			87.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	4.2		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.1		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	20.8	65 & Over	95.8	-----		
Transportation	No	Cerebrovascular	6.3	-----	----	RNs		6.5
Referral Service	No	Diabetes	14.6	Gender	%	LPNs		11.3
Other Services	Yes	Respiratory	12.5	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	25.0	Aides, & Orderlies		
Mentally Ill	No		----	Female	75.0			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	4	100.0	300	28	87.5	114	1	100.0	114	11	100.0	130	0	0.0	0	0	0.0	44	91.7
Intermediate	---	---	---	3	9.4	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	6.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	1	3.1	165	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	2.1
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	4	100.0		32	100.0		1	100.0		11	100.0		0	0.0		0	0.0	48	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	6.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	10.2	Bathing	0.0	58.3	41.7	48
Other Nursing Homes	16.9	Dressing	18.8	50.0	31.3	48
Acute Care Hospitals	66.1	Transferring	33.3	39.6	27.1	48
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	25.0	52.1	22.9	48
Rehabilitation Hospitals	0.0	Eating	70.8	16.7	12.5	48
Other Locations	0.0	*****				
Total Number of Admissions	59	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		14.6
Private Home/No Home Health	11.7	Occ/Freq. Incontinent of Bladder	72.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	23.3	Occ/Freq. Incontinent of Bowel	39.6	Receiving Suctioning		0.0
Other Nursing Homes	13.3			Receiving Ostomy Care		2.1
Acute Care Hospitals	5.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.1	Receiving Mechanically Altered Diets		29.2
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	46.7	With Pressure Sores	4.2	Have Advance Directives		77.1
Total Number of Discharges		With Rashes	8.3	Medications		
(Including Deaths)	60			Receiving Psychoactive Drugs		79.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	86.2	1.11	87.1	1.10	88.1	1.09	87.4	1.10
Current Residents from In-County	85.4	78.5	1.09	81.0	1.05	82.1	1.04	76.7	1.11
Admissions from In-County, Still Residing	27.1	17.5	1.55	19.8	1.37	20.1	1.35	19.6	1.38
Admissions/Average Daily Census	122.9	195.4	0.63	158.0	0.78	155.7	0.79	141.3	0.87
Discharges/Average Daily Census	125.0	193.0	0.65	157.4	0.79	155.1	0.81	142.5	0.88
Discharges To Private Residence/Average Daily Census	43.8	87.0	0.50	74.2	0.59	68.7	0.64	61.6	0.71
Residents Receiving Skilled Care	91.7	94.4	0.97	94.6	0.97	94.0	0.98	88.1	1.04
Residents Aged 65 and Older	95.8	92.3	1.04	94.7	1.01	92.0	1.04	87.8	1.09
Title 19 (Medicaid) Funded Residents	66.7	60.6	1.10	57.2	1.17	61.7	1.08	65.9	1.01
Private Pay Funded Residents	22.9	20.9	1.09	28.5	0.80	23.7	0.97	21.0	1.09
Developmentally Disabled Residents	6.3	0.8	7.78	1.3	4.92	1.1	5.64	6.5	0.96
Mentally Ill Residents	33.3	28.7	1.16	33.8	0.99	35.8	0.93	33.6	0.99
General Medical Service Residents	0.0	24.5	0.00	21.6	0.00	23.1	0.00	20.6	0.00
Impaired ADL (Mean)	49.2	49.1	1.00	48.5	1.01	49.5	0.99	49.4	0.99
Psychological Problems	79.2	54.2	1.46	57.1	1.39	58.2	1.36	57.4	1.38
Nursing Care Required (Mean)	7.3	6.8	1.07	6.7	1.09	6.9	1.06	7.3	1.00